

## **General Dental Practice Inspection (Announced)**

Gwaun Cae Gurwen Dental  
Practice, Abertawe Bro  
Morgannwg University Health  
Board

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2017

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Gwaun Cae Gurwen Dental Practice at 97 Heol Cae Gurwen, Gwaun Cae Gurwen, Ammanford SA18 1PB, within Abertawe Bro Morgannwg University Health Board on the 27 November 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Gwaun Cae Gurwen Dental Practice provided safe and effective care to its patients.

The practice was patient focussed and had in place the required policies and procedures to ensure the practice and staff are supported.

The practice needs to ensure that all clinical areas are thoroughly cleaned and any signs of wear and tear are remedied.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager.
- Audits were being taken which showed evidence that the practice was continually looking to improve its services.
- During the inspection the practice took immediate action to resolve issues as soon as they were highlighted.

This is what we recommend the service could improve:

- The practice must ensure all clinical staff have documentation confirming they have the necessary immunity from Hepatitis B.
- Ensure the emergency kit and oxygen cylinder are stored securely, yet accessible
- Exposed wiring required attention.

## 3. What we found

### **Background of the service**

Gwaun Cae Gurwen Dental Practice provides services to patients in the Ammanford area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes five dentists, one part time therapist, six dental nurses, two trainee dental nurses, two receptionists and one practice manager.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

The practice is committed to providing a positive experience for their patients. The practice actively seeks patient feedback by inviting patients to provide suggestions in the box provided in the waiting area.

We observed staff being professional and courteous to patients.

Patients who provided comments indicated that they were happy with the care and treatment they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 23 questionnaires were completed. Patient comments included the following:

*"The practice is excellent in all ways"*

*"I am happy with the service provided"*

*"I would recommend this practice to anybody"*

*"All the staff are very helpful and friendly and I am always made to feel at ease when attending the practice"*

## Staying healthy

We saw a range of health promotion material available in the waiting area. These included information leaflets and specific information regarding treatments and preventative advice. All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

There was a no smoking sign in the rear of the waiting area, confirming the emphasis being placed on complying with smoke free premises legislation.

## Dignified care



All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice. One patient commented "Staff are always very polite. Friendly atmosphere".

On the ground floor the practice had an open plan reception and waiting area. Staff told us that if there was a need to talk to a patient privately, either in person or on the telephone, they would have these conversations in the practice manager's office.

All electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

Together with the reception and waiting area, two of the practice's five surgeries were on the ground floor, making them accessible for patients with mobility difficulties. All dental surgeries had doors which could be closed when a patient received care, maintaining privacy and dignity.

### **Patient information**

Every patient who completed a questionnaire told us they felt involved as much as they wanted to be in any discussions made about their dental treatment and that they had received clear information about available treatment options.

The majority of the patients who completed a questionnaire said the cost of any treatment was always made clear to them before they received any treatment. Of those patients who completed a questionnaire, seventeen said they understood how the cost of their treatment was calculated.

We noted that the practice leaflet contained information on the practice's opening hours, details of staff, what to do in the case of a dental emergency and other patient information.

In addition to the dental health promotion materials available in the waiting area there were price lists setting out both NHS dental treatment costs and private dental treatment costs. There were also leaflets displaying private dental treatment costs available on the first floor and in all of the surgeries. We would advise the practice also display information about all applicable NHS dental treatment charges alongside that for private dental treatment.

### **Communicating effectively**

14 patients who completed the questionnaire said that they were Welsh speakers. All of those patients who completed the questionnaire said they were always able to speak to staff in their preferred language.

During the inspection we observed staff being polite and courteous when speaking to patients in person and on the telephone.

## **Timely care**

The practice ensures patients were seen in a timely manner. We were told by staff that if a dentist was running late the receptionist would then make sure the patients waiting were kept informed.

We noted that the practising dentists' details and the surgery's opening hours were displayed externally. There was also an answerphone message informing patients who to contact for out of hours treatment. This information was also displayed at the main entrance to the practice and in the waiting area.

The majority of patients who completed a questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Individual care**

### **Planning care to promote independence**

All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment and said they felt supported to make choices about their treatment.

### **People's rights**

It is important to treat patients fairly, as individuals and without discrimination and to support this, the practice had in place an equal opportunities policy and a privacy, dignity and confidentiality policy. The main entrance was accessible from the street and the waiting area and two surgeries were on the ground floor which made the practice accessible for patients with mobility difficulties.

Leading from the waiting area was a toilet for the patients' use but was too small for use by a patient in a wheelchair. We also noted that the light switch was very high up meaning that shorter people and children could not reach it. In addition the door lock was confusing (a small pin that you pull out/push in) in that a patient may not be reassured that the door was locked. We advise the practice lower the light switch and change the lock on the door.

### **Listening and learning from feedback**

15 of the 23 patients who completed a questionnaire told us that they how to raise a concern or complaint about the services they receive at the dental practice.

The practice had a combined complaints policy relating to both private dental treatment and NHS dental treatment. Details of the health board, where NHS patients could take their complaints, were incorrect and when brought to the practice manager's attention were amended during the inspection. The practice manager also indicated her intention to amend the website to reflect the amended policy. There were "Putting Things Right"<sup>1</sup> leaflets and posters in the reception/waiting area. We noted that the practice had a suggestion box in the waiting area for patients' comments.

The practice had in place a process to record, monitor and respond to any complaints and concerns that they received. Not all complaints filed contained information on action taken and the outcome. We advise the practice to ensure this detail is included with each complaint. Verbal comments and feedback were recorded on the patient file. It is recommended that informal feedback received from patients is recorded in a notebook held in reception. This and the information contained in the complaints folder would enable the practice to identify themes and trends in line with "Putting Things Right" guidance

#### Improvement needed

The practice should cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.

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<sup>1</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were tidy.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

The practice needs to ensure its emergency kit is stored in a secure area.

### Safe care

All staff require current training in how to deal with medical emergencies and perform cardiopulmonary resuscitation (CPR) to demonstrate that they can deal with any medical emergencies should they arise. We noted that two members of the clinical staff did not have up to date training on cardiopulmonary resuscitation.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection<sup>2</sup>. The practice was unable to provide immunisation records for two members of the clinical staff. The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

Our concerns regarding cardiopulmonary training and current immunisation records were dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that

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<sup>2</sup> Welsh Health Circular (2007) 086

urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix A.

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The building appeared to be well maintained. There were signs of wear and tear to the work surfaces in the therapist's surgery. We also saw in one surgery exposed wiring and evidence that the skirting behind the radiator had not been cleaned. We recommend that the exposed wiring is addressed and the cleaning schedule is amended to include areas behind the radiators. The practice might wish to consider replacing the worktop in the therapist's room. In the decontamination room the laminate flooring did not go to the wall, which meant that the floor could not be adequately cleaned. The practice manager was aware and we were told that a piece of equipment would shortly be housed in that space.

There were no concerns expressed by the patients over the cleanliness of the practice and we observed all areas of the practice to be clean and uncluttered.

We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exits were visible. We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste, amalgam waste and non-hazardous (household) waste.

The practice had a Reporting of Injuries, Diseases and dangerous Occurrences Regulations (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster in the practice manager's office.

#### Improvement needed

The practice is to ensure that all exposed wiring is addressed.

The practice is to ensure the surgery cleaning schedules include areas behind

radiators and these are checked on a regular basis.

### **Infection prevention and control**

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup>. We saw that the room had a dedicated hand washing sink and appropriately labelled clean and dirty boxes. Staff had access to and used personal protective equipment (PPE) such as disposable gloves, aprons and eye protection.

We saw the log books for recording that sterilisation equipment were being maintained and there was an infection control policy in place. We also saw evidence that all clinical staff had certificates on file to confirm their infection control training was current.

The practice had undertaken infection control audits as recommended by WHTM 01-05 guidelines.

### **Medicines management**

The practice had in place procedures to deal with patient emergencies. With the exception of two clinical staff, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had a named appointed first aider.

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<sup>3</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK)<sup>4</sup> guidance. These were stored on the floor, in an alcove opposite the practice manager's office. Despite the equipment being bagged, this location was not suitable, particularly as the oxygen cylinder was freestanding on the floor and could be easily accessed by patients. We recommend the emergency drugs and resuscitation equipment remains accessible but is stored securely. We noted that in accordance with the standards set out by the Resuscitation Council (UK), the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We noted that the practice stored its drugs and prescription pads were kept securely.

#### Improvement needed

The practice to store its emergency bag and equipment in an accessible but secure area.

#### Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

All staff had completed training in the protection of children and vulnerable adults.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. We saw Disclosure and Barring Service (DBS) certificates for all staff.

#### Medical devices, equipment and diagnostic systems

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<sup>4</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental teams.

The surgeries and radiological equipment were visibly clean and in working order and controlled areas had been identified.

We noted that the practice undertakes regular quality assurance audits. The purpose of quality assurance is to ensure consistently adequate diagnostic information, whilst radiation doses are controlled to be as low as reasonably practicable.

In accordance with the requirements of the General Dental Council<sup>5</sup> and Ionising Radiation (Medical exposure) Regulations (IR(ME)R 2000<sup>6</sup> all the dentists, the therapist and one dental nurse had completed the required training. We would recommend all the dental nurses who are involved in taking X-rays undertake relevant radiation training.

#### Improvement needed

The practice to ensure that any clinical staff who use the X-ray equipment attend appropriate IR(ME)R training.

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence of the practice undertaking audits in accordance with WHTM 01-05, and audits of radiographs. The practice has also undertaken a Skill Mix and Dentistry Audit in conjunction with the Welsh Deanery.

### Quality improvement, research and innovation

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<sup>5</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>6</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)



We were told the practice applied the Deanery Maturity Matrix Dentistry<sup>7</sup> practice development tool a number of years ago and has discussed applying it again. The Maturity Matrix (MMD) Tool is a dental practice team development tool to allow the team to focus on how they work. We would advise the practice to consider taking this forward.

### Information governance and communications technology

The practice had appropriate data protection and security policies in place to protect patients' data. The practice had electronic records that were backed up regularly and the hard disks stored in the firebox. There were no paper records.

### Record keeping

We reviewed a sample of patients' records. Overall we found there was good quality record keeping. However we did find that the following were not always recorded:

- Justification for use of and the grading of X-rays
- Basis Periodontal Examination<sup>8</sup> (BPE) levels
- Recalls

We also noted that treatment plans were filed in different sections of a patient's notes by different dentists. We would advise all dentists file these in the same section of the notes for ease of access.

### Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:

- Justification for use of and the grading of X-rays

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<sup>7</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

<sup>8</sup> Careful assessment of the periodontal tissues is an essential component of patient management. The Basic Periodontal Examination (BPE) is used as a basic screening method to check the periodontal status of a patient

- Basis Periodontal Examination (BPE) levels
- Recalls

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

The day to day management of the practice was provided by the practice manager.

We found the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to patients.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

The practice needs to ensure that all training is current.

## Governance, leadership and accountability

We found the practice to have strong leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by an efficient practice manager. We saw a very good rapport between the practice staff.

The practice was well organised with good record keeping in most areas, the exceptions being training and vaccination records. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We advise that all staff sign each policy to confirm that they have been read and to evidence knowledge and understanding.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The dentists all provided some private dental services and we saw their registration certificates clearly displayed as required by the Private Dentistry (Wales) Regulations 2008.

## Staff and resources

### Workforce

We saw certificates that evidenced staff had attended training on a range of topics relevant to their role and met their Continuous Professional Development (CPD) requirements. The exception was cardiopulmonary resuscitation training which was dealt with under our immediate assurance process.

The practice held current immunisation records for all except two members of the clinical staff. This was also dealt with under our immediate assurance process.

The practice holds monthly staff meetings that are supported by detailed minutes which are circulated to the staff. We would advise staff sign the minutes to indicate that they have been read and agreed.

Staff told us they enjoyed working in the practice and were happy carrying out their roles. We saw evidence that the practice had an induction programme which included a feedback form and a trial period interview form. We saw evidence that staff receive annual appraisals of their performance.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all staff.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The practice complaints policy and procedures relating to NHS dental treatment did not include the correct details for the health board.	Patients may not be able to refer a concern or complaint to the correct health board.	During the course of the inspection the practice manager was advised of the error.	The policy was amended before the end of the inspection. The practice manager also confirmed she would arrange for the policy on the practice's website to be amended.

## Appendix B – Immediate improvement plan

**Service:** Gwaun Cae Gurwen Dental Practice

**Date of inspection:** 27 November 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Finding</p> <p>The practice was unable to provide certificates for two dental nurses to demonstrate that they had received training within the last twelve months on how to perform cardiopulmonary resuscitation.</p> <p>Improvement needed</p> <p>All staff require current training in how to deal with medical emergencies and perform cardiopulmonary resuscitation to demonstrate that they can deal with any medical emergencies should they arise.</p>	2.6 Medicines Management	Certificates for both have been re-issued by the postgraduate department. The practice have both copies available for inspection	Rhian Turner	Completed



Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Finding</p> <p>The practice was unable to provide immunisation records for one dentist and one dental nurse and were unable to confirm that clearance checks had been undertaken in respect of Hepatitis B, Hepatitis C and HIV</p> <p>Improvement needed</p> <p>Immunisation against Hepatitis B is required for all clinical staff to protect patients and staff against infection.</p>	7.1 Workforce	<p>Both have attended the occupational health department at Morriston Hospital. The practice has received written documentation to confirm the nurse is fit to work.</p> <p>We are still waiting for confirmation for the dentist.</p>	Rhian Turner	15 December 2017

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print): Rhian Turner**

**Job role: Practice Manager**

**Date: 6 December 2017**



## Appendix C – Improvement plan

**Service:** Gwaun Cae Gurwen Dental Practice

**Date of inspection:** 27 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice should cease recording patients' informal feedback in patient records and to make alternative arrangements for recording such information.	6.3 Listening and Learning from feedback	A log book is now available at reception to log informal feedback	Rhian Turner	Completed
<b>Delivery of safe and effective care</b>				
The practice is to ensure that all exposed wiring is addressed.	2.1 Managing risk and promoting health and safety	An electrician has visited the practice and carried out work on the socket,	Rhian Turner	Completed
The practice is to ensure the surgery cleaning schedules include areas behind radiators and these are checked on a regular basis		A log sheet has been made and a member of staff is responsible for checking and logging on a monthly	Rhian Turner	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		basis		
The practice to store its emergency bag and equipment in an accessible but secure area.	2.6 Medicines Management	All emergency equipment to be moved in to secure office.	Annmarie Gregory	Completed
The practice to ensure that any clinical staff who use the X-ray equipment attend appropriate IR(ME)R training.	2.9 Medical devices, equipment and diagnostic systems	All relevant staff are to complete an online course via the postgraduate website.	Rhian Turner	1 Month (Feb 12th 2018)
<p>In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:</p> <ul style="list-style-type: none"> <li>• Justification for use of and the grading of X-rays</li> <li>• Basis Periodontal Examination (BPE) levels</li> <li>• Recalls</li> </ul>	3.5 Record keeping	<p>Practice complies with quality improvement.</p> <p>We regularly audit radiographs and periodontal treatment</p>	Ewart Johnstone	<p>Check and re assess</p> <p>June 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Ms J R Turner**

**Job role: Practice Manager**

**Date: 10/01/2018**